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CONFIRMATION NO. 1824

SERIAL NUMBER 10/004,989	FILING OR 371(c) DATE 12/03/2001 RULE	CLASS 455	GROUP ART UNIT 2617	ATTORNEY DOCKET NO. 3058.1008-004
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APPLICANTS

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**** CONTINUING DATA**

Yes *Mr. Z.*
 This application is a CIP of 09/942,372 08/29/2001 ABN which claims benefit of 60/296,229 06/06/2001 and claims benefit of 60/276,398 03/16/2001

**** FOREIGN APPLICATIONS****IF REQUIRED, FOREIGN FILING LICENSE GRANTED****** 12/21/2001**

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature <i>Mr. Z.</i> Initials		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
MA	24	84	5

ADDRESS

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TITLE

Wireless communication over a transducer device

FILING FEE RECEIVED 2310	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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